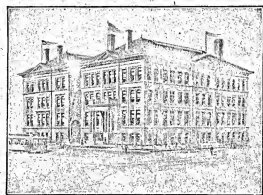


PASS REPORT BOOK



HEAD OFFICE BUILDING AND ANNEX
ROCK ISLAND, ILLINOIS

Modern Woodmen of America

Camp No. 8750

Boone Grove

State of Indiana

From 1913 to 1914

Instructions to Camp Clerks

This Pass report book and the forms contained herein have been devised to assist Camp Clerks in the preservation of copies of all Pass and Semi-annual reports mailed, from time to time, to the Head Clerk. Blank forms of Pass and Semi-annual reports are invariably mailed from the office of the Head Clerk in time to reach the Camp Clerk by the first day of the month in which remittance, under call accompanying such report, is required to be made.

LEVY OF ASSESSMENTS

The Clerks should formulate reports on the blank forms supplied, in accordance with the printed directions thereon, and then carefully copy such completed report into this Pass report book. This is necessary for the permanent preservation of Camp records, and Clerks will also find it a valuable aid in formulating subsequent reports.

Section 51 of the 1911 By-laws provides that an assessment shall be levied for each and every calendar month hereafter, one of which said assessments shall be paid on or before the last day of the month for which it is levied, to the Clerk of the Camp in which membership is held, without further notice than that contained in the By-laws. If a member defaults in his payment on or before the last day of the month of levy, he stands suspended under the law.

THE CALL

The Call for an assessment is issued by the Head Clerk on the first day of the month following the date of the levy thereof, the Call always being addressed to local Camp Clerks. The Clerk is required to accept this Call as a legal demand to remit forthwith, to the Head Clerk, the full amount collected under the assessment levied by the Board of Directors, and payable to him by the members of his Camp, in the month preceding that in which the Call is dated. The Clerks are, of course, required to remit arrears for members who, previously suspended, may have reinstated. Every dollar due under a Call is in the hands of the Clerk and Banker of the Camp on the day Call is dated; hence, no valid reason can be advanced for delay in responding thereto.

PASS REPORT BLANKS

Blank forms on which to make reports to accompany remittances under Call are mailed to all Clerks of Camp with Copy of Official Call. By means of these reports, the Head Clerk is informed as to the exact standing of or any incident affecting all members of the local Camp. Such reports must be correctly formulated, as error may impair a member's standing. Remittances must invariably accompany reports and be mailed to the Head Clerk. Remittances forwarded to the Head Clerk without report, on blank form furnished by the Head Clerk, will be returned to the Camp Clerk. Remittances cannot be received without report, because the Head Clerk has no way of knowing who the individual members are, who may be entitled to credit for the amount remitted.

FORM OF REMITTANCE

All remittances are required, under the By-laws, to be made by bank draft, postal money order, or express money order, drawn payable to "Head Banker, M. W. of A., Rock Island, Illinois," and mailed to the Head Clerk. To maintain the good standing of a Camp, report, with remittance in form stated, must reach the Head Clerk on or before the 15th day of the month of Call. (See Secs. 252 and 295, 1911 By-laws.)

FIRST LIABILITY OF NEW MEMBERS

Section 55 and 56 of the 1911 By-laws establishes the first liability of new members. An applicant adopted into an old Camp or a charter member of a new Camp is liable for the assessment current at the date of his adoption; and this assessment is payable at the time of adoption, as the Head Consul has ruled that a Benefit certificate, if in the hands of the Camp Clerk, must be delivered to an applicant when the latter receives his Beneficial degree. In other words, the delivery of the certificate must not be delayed in order to affect the new member's liability. Therefore, Camp Clerks are required to collect from newly adopted Beneficial members one assessment on the date of adoption and remit same to the Head Clerk with the Pass report next due. The name of the new member, the date certificate is delivered, and his assessment rate, should be reported on page 2 of the Pass report.

ADOPTION WHILE IN GOOD HEALTH

Adoption of an applicant for membership must take place while the applicant is in good health and within sixty days from the date of certificate issued by the Head Clerk. If, for any cause, the applicant is not adopted within sixty days, the Beneficial certificate becomes null and void and must be returned to the Head Clerk with notation thereon "Not adopted." The applicant is then required to make a new application and a new Benefit certificate will be issued, but he is not required to pay a second membership fee.

PER CAPITA

Per Capita is a charge against the Camp. Social as well as Beneficial members are liable for Per Capita, this being the annual amount due to the Head Camp from every member of the Society. It is payable semi-annually in advance from the General fund of the Camp, upon Call from the Head Clerk, during the months of January and July of each year. When a Camp is organized, General fund dues should be fixed in an amount sufficient to meet the incidental expenses of the Camp, including the Clerk's continuation. (See Sec. 289 of 1911 By-laws), and also including Per Capita tax of \$1.20 per member per year. To maintain their good standing at all times, the Neighbors, Beneficial and Social, must be prompt in the payment of their local Camp dues, which cover their Camp's liability to the Head Camp of \$1.20 annually.

Call for Per Capita is addressed by the Head Clerk to the local Camp Clerks on the first days of January and July of each year.

Remittance, in response to this Call, is required to be made so as to reach the Head Clerk on or before the 18th day of the month Call is dated. Failure to make remittance within the limit of time provided by law will cause the suspension of the Camp and all its members.

All members, both Beneficial and Social, adopted during the semi-annual term, are liable for Per Capita pro rata to the end of the current semi-annual term, beginning with the month following date of adoption, and are required to pay to the Camp Clerk General Fund Camp dues for the unexpired portion of the current quarterly term.

PROHIBITED OCCUPATIONS

On the subject of prohibited occupations see Sections 10, 11, 12, 13, 14, and 290. No person, while engaged in the manufacture or sale of liquor to be used as a beverage, is eligible to membership in the Society. A member engaging in the manufacture or sale of liquor to be used as a beverage, unless within the exceptions contained in the proviso of Section 2 of the 1911 By-laws, renders his Benefit certificate absolutely null and void the moment he engages in this prohibited occupation. (See Chap. III, 1911 By-laws.) A Camp Clerk must promptly refuse dues and assessments from a member engaging in the liquor traffic (See Sec. 290), and if he violates Section 290 may be removed from office and expelled from the Society. (See Sec. 295, 1911 By-laws.) When a member engages in the liquor business, his name should be entered on page 6 of the next following Pass report forwarded to the Head Clerk. If the member makes objection to the action of the Clerk in refusing his dues and assessments, the Camp Clerk should report his objection by mail to the Head Clerk, with request for instructions.

HAZARDOUS OCCUPATIONS

No person while engaged in the occupations mentioned in Section 15 of the 1911 By-laws can legally obtain Beneficial membership in the Society.

When a member engages in a hazardous occupation—meaning thereby any occupation mentioned in Chapter IV, of the 1911 revision of the By-laws—the Camp Clerk should report to the Head Clerk the Neighbor's name, with full particulars concerning the occupation in which the Neighbor has engaged, so that the Head Clerk may give such instructions as may be deemed necessary.

REINSTATEMENT

A member in good health and not engaged in any of the prohibited occupations enumerated in Section 12, revised By-laws, 1911, may reinstate by paying to his Camp Clerk arrears of every kind, provided he has not been in suspension for a period exceeding sixty days. Written certificate of good health is not required.

If a member has been suspended for more than sixty days and less than six months, he will be required to furnish a Certificate of Good Health from the Camp Physician (Form 53), which certificate must be submitted to and receive the approval of the State or Provincial Medical Director. Aside from arrears, such member is required to pay a reinstatement fee of \$1.00 and be re-rated according to his attained age. All reinstating members must pay the current assessment and dues (if any) before the provisions of Section 56 and 57 are fulfilled.

If a member is suspended for more than six months he loses all rights as a member of the Society and must come in as a new member, if at all. (See Sec. 58.)

A person over 45 years of age and in suspension for more than six months cannot again become a Beneficial member of the Society.

DISCIPLINE

The latest revised By-laws (Secs. 133 and 134) impose upon the Head Clerk the duty of removing from office incompetent, negligent or habitually dilatory Camp Clerks, and appointing their successors.

The provisions of these sections will be impartially enforced, but the Head Clerk entertains the hope that instances calling for the exercise of the authority conferred upon him will be rare.


SUGGESTIONS TO CLERKS

The Camp Clerk is urged to familiarize himself with the provisions of the Society's By-laws, especially those defining the duties of his office. The instructions given in circular No. 44, dated February 1, 1909, issued by the Head Clerk, mailed to all Camp Clerks, are based upon the provisions of the By-laws, which should be consulted by Clerks as a guide in the performance of their official duties.

The Summary of members paying, by rates, is provided for the purpose of proving the accuracy of all Pass reports formulated by the Clerk. Formulate by entering opposite each rate the total number of members actually paying such rate. Then, on the right, enter the total amount paid by the members, excluding all arrears. After thus listing the membership and extending the amounts, if the work be correct, the footings thereof will agree with item 15 of the Combined Membership and Financial Statement.

In addressing the Head Office, Clerks should invariably give their Camp number and location. This is absolutely necessary.

Clerks are earnestly requested, in the interest of the Camp as well as of the members of the Society generally, to correctly formulate all reports. There is no statement called for by the Head Clerk in any report that is not essential to the interests of the Society, and absolutely necessary in maintaining an accurate system of accounting with the Camp at the Head Office.

Fraternally yours,


Head Clerk, M. W. of A.

PASS REPORT

Assessment No. 293

Levied for December, 1913

Due Head Office on or before Jan 18, 1914

Camp No. 8750

State Ind

Place Boone Grove

MEMBERS AMOUNT

Total Membership this Report 43 \$32 90

Arrears for 3 Neighbors reinstated 2 75

Benefit short last report

Total benefit due 35 65

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, N. W. OF A. ROCK ISLAND, ILL." (Sec. 296)

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned

Per Capita Credit Slip No. \$

Supplies Cash \$

Certificate Fee

Shorage Charged { Benefit, \$

Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date Returned

Date Received

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 50

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1	<u>Bob Jones</u>	<u>20</u>	<u>142 9389</u>	<u>12 6</u>
2	<u>Joe Doe</u>	<u>20</u>	<u>12 50814</u>	<u>12 2</u>
3	<u>M. B. B. B.</u>	<u>75</u>	<u>15 2329</u>	<u>12 4</u>

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months—Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
1			
2			
3			
4			
5			

Social-Beneficial Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

Item 1	NAME	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 1	NAME	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III, and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Ass. Refused	Why Suspended	Was Assessment Tried?	If so, When?	Date Reinstated in League Traffic
1								
2								
3								

No. Mbr.	Rate	Assmt. This Assessment	No. Mbr.	Rate	Assmt. This Assessment	No. Mbr.	Rate	Assmt. This Assessment
1	25	25	26	25	25	41	25	25
2	30	30	27	25	25	42	25	25
3	40	40	28	25	25	43	25	25
4	45	45	29	25	25	44	25	25
5	50	50	30	25	25	45	25	25
6	55	55	31	25	25	46	25	25
7	60	60	32	25	25	47	25	25
8	65	65	33	25	25	48	25	25
9	70	70	34	25	25	49	25	25
10	75	75	35	25	25	50	25	25
11	80	80	36	25	25			
12	85	85	37	25	25			
13	90	90	38	25	25			
14	95	95	39	25	25			
15	100	100	40	25	25			
16	105	105						
17	110	110						
18	115	115						
19	120	120						
20	125	125						
21	130	130						
22	135	135						
23	140	140						
24	145	145						
25	150	150						
26	155	155						
27	160	160						
28	165	165						
29	170	170						
30	175	175						
31	180	180						
32	185	185						
33	190	190						
34	195	195						
35	200	200						
36	205	205						
37	210	210						
38	215	215						
39	220	220						
40	225	225						
41	230	230						
42	235	235						
43	240	240						
44	245	245						
45	250	250						
46	255	255						
47	260	260						
48	265	265						
49	270	270						
50	275	275						
51	280	280						
52	285	285						
53	290	290						
54	295	295						
55	300	300						
56	305	305						
57	310	310						
58	315	315						
59	320	320						
60	325	325						
61	330	330						
62	335	335						
63	340	340						
64	345	345						
65	350	350						
66	355	355						
67	360	360						
68	365	365						
69	370	370						
70	375	375						
71	380	380						
72	385	385						
73	390	390						
74	395	395						
75	400	400						
76	405	405						
77	410	410						
78	415	415						
79	420	420						
80	425	425						
81	430	430						
82	435	435						
83	440	440						
84	445	445						
85	450	450						
86	455	455						
87	460	460						
88	465	465						
89	470	470						
90	475	475						
91	480	480						
92	485	485						
93	490	490						
94	495	495						
95	500	500						
96	505	505						
97	510	510						
98	515	515						
99	520	520						
100	525	525						

Admitted by Card from Other Camps—Sec. 82

First Liable for Assessment No. _____

Give Number of Former Camp _____

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Beneficial to Social Membership—Sec. 73

Last Paying Assessment No. _____

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Withdrawn by Card—No. 80-82

Last Liable for Assessment No. _____

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Neighbors Deceased—Secs. 60-65

Last Paying Assessment No. _____

Item 1	NAME	Rate	Last Paid	Date of Death
1				
2				
3				
4				
5				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1					
2					
3					
4					
5					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1					
2					
3					
4					
5					

Change in Rate, Acct. _____

(Transfer to New Plan Increase of Insurance—Sec. 41 Decrease of Insurance—Sec. 44 Increase Rate Acct. Sub—Sec. 57 Correction of Error in Rate)

Item 5	NAME	Amount	Rate	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
1			
2			
3			
4			
5			

Social-Beneficial Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

Item 1	NAME	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 1	NAME	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Monthly Report of Social Membership

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Am't Paid	Date Paid
1	<u>C. O. D. J.</u>	<u>60</u>	<u>Nov 28</u>
2		</	

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 294

Levied for January 1914

Due Head Office on or before Feb 18, 1914

Camp No. 8750

State of Indiana

Please fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	43
Arrears for 2 Neighbors reinstated	1.33
Benefit short last report	
Total benefit due	34.60

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$----- Credit Slip, \$-----

Benefit \$----- Returned

Per Capita \$----- Credit Slip \$-----

Supplies \$-----

Certificate Fee \$----- Cash \$-----

Shortage Charged { Benefit, \$-----

{ Per Capita, \$-----

Audited by ----- Date -----

Daily Report Number and Date Received

Date Returned -----

Date Received -----

Give Exact Date of Delivery of Benefit Certificate

Notice: Adoptions in ----- first liable Asst. No. -----

(Adoptions in ----- first liable Asst. No. -----

"Date of Adoption and delivery of Certificate held to be identical." - Head Consul.

Note Carefully: Sec. 35. Every Beneficial member shall be liable for payment of the arrears current at date of delivery of his Certificate. -----

Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. -----

If a new Camp, enter name of members adopted on date of organization, all being liable - Sec. 36. -----

NAME	No. of B. C.	Rate	Grt. Dr. When
1. -----			
2. -----			
3. -----			
4. -----			
5. -----			
6. -----			
7. -----			
8. -----			
9. -----			
10. -----			
11. -----			
12. -----			
13. -----			
14. -----			
15. -----			
16. -----			
17. -----			
18. -----			
19. -----			
20. -----			
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22. -----			
23. -----			
24. -----			
25. -----			
26. -----			
27. -----			
28. -----			
29. -----			
30. -----			
31. -----			
32. -----			
33. -----			
34. -----			

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension - Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	F. D. Brady	20	13720	26
2.	Chas. Harrod	60	1623297	17
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months - Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report only those Neighbors who are Suspended for the Non-payment of Assessment No. 294 - Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Harry Phillips	60	1358330	Nelson, Ind	
2.	Chas. Dye	60	12350217	Monte, Ind	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	Why Suspended	Was Assessment Tendered?	If so, When?	Date Expiring in Upper Traffic
1.							
2.							
3.							

Rate Summary

Enter number of members (net) in good standing paying each month, the amount paid by each group of \$2.00. If correctly computed the total number of members and amount paid will agree with Total Membership in good standing shown in Item 1, page 10.

No. Mbrs.	Rate	Ant. This Assessment	No. Mbrs.	Rate	Ant. This Assessment	No. Mbrs.	Rate	Ant. This Assessment
1	25	25						
2	25	50						
3	25	75						
4	25	100						
5	25	125						
6	25	150						
7	25	175						
8	25	200						
9	25	225						
10	25	250						
11	25	275						
12	25	300						
13	25	325						
14	25	350						
15	25	375						
16	25	400						
17	25	425						
18	25	450						
19	25	475						
20	25	500						
21	25	525						
22	25	550						
23	25	575						
24	25	600						
25	25	625						
26	25	650						
27	25	675						
28	25	700						
29	25	725						
30	25	750						
31	25	775						
32	25	800						
33	25	825						
34	25	850						
35	25	875						
36	25	900						
37	25	925						
38	25	950						
39	25	975						
40	25	1000						
41	25	1025						
42	25	1050						
43	25	1075						
44	25	1100						
45	25	1125						
46	25	1150						
47	25	1175						
48	25	1200						
49	25	1225						
50	25	1250						
51	25	1275						
52	25	1300						
53	25	1325						
54	25	1350						
55	25	1375						
56	25	1400						
57	25	1425						
58	25	1450						
59	25	1475						
60	25	1500						
61	25	1525						
62	25	1550						
63	25	1575						
64	25	1600						
65	25	1625						
66	25	1650						
67	25	1675						
68	25	1700						
69	25	1725						
70	25	1750						
71	25	1775						
72	25	1800						
73	25	1825						
74	25	1850						
75	25	1875						
76	25	1900						
77	25	1925						
78	25	1950						
79	25	1975						
80	25	2000						
81	25	2025						
82	25	2050						
83	25	2075						
84	25	2100						
85	25	2125						
86	25	2150						
87	25	2175						
88	25	2200						
89	25	2225						
90	25	2250						
91	25	2275						
92	25	2300						
93	25	2325						
94	25	2350						
95	25	2375						
96	25	2400						
97	25	2425						
98	25	2450						
99	25	2475						
100	25	2500						

Admitted by Card from Other Camps - Sec. 82

First Liable for Assessment No. -----

Give Number of Former Camp -----

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership - Sec. 73

Last Paying Assessment No. -----

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial - Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate - Acct. Hazardous Occupation - Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

Withdrawn by Card - No. 80-82

Last Liable for Assessment No. -----

Item 5	NAME	No. of B. C.	Rate	Last Paid	Date of Card
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11.					

Neighbors Deceased - Secs. 60-65

Last Paying Assessment No. -----

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership - Sec. 73

Last Paying Assessment No. -----

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial - Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate - Acct. Hazardous Occupation - Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
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3.					
4.					

Withdrawn by Card - No. 80-82

Last Liable for Assessment No. -----

Item 5	NAME	No. of B. C.	Rate	Last Paid	Date of Card
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CANDIDATES REJECTED

NAME	How Rejected	Date
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4.		

Social-Beneficial Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate - Sec. 20

NAME	DATE
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PASS REPORT

Assessment No. 297

Levied for April 1914

Due Head Office on or before May 18, 1914

Camp No. 453

Booneville State Ind

Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	40 31.85
Arrears for Neighbors reinstated	68
Benefit short last report	1.00

Total benefit due 33.50

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk
Camp Clerks will leave blank space below for Head Office
Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned
Per Capita \$ Credit Slip \$
Supplies \$ No.
Certificate Fee \$ Cash \$

Shortage { Benefit, \$
Charged { Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date Returned

Date Received

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in first liable Asst. No.

Adoptions in first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical. —Head Clerk.

Note Carefully Sec 35 Every Beneficial member shall be liable for payment of the assessment current as date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.
If new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36.

NAME	No. of B. C.	Rate	Cert. Del. When
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DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk
Camp Clerks will leave blank space below for Head Office
Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned
Per Capita \$ Credit Slip \$
Supplies \$ No.
Certificate Fee \$ Cash \$

Shortage { Benefit, \$
Charged { Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date Returned

Date Received

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 86

Item 1 NAME Rate No. of B. C. Date Reinstated

1. Clydesdale Wash 68

2. Clydesdale Wash 68

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218. Clydesdale Wash 68</

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 298Levied for May, 1914Due Head Office on or before June 18, 1914Camp No. 1100State Ill.
Province Ill.
Please Fill in Camp Location and StateMEMBERS AMOUNT
Total Membership this Report 44 \$34.05Arrears for 4 Neighbors reinstated 3.30

Benefit short last report

Total benefit due 27.35DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,
M. W. OF A., ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned

Per Capita Credit Slip \$

Supplies No

Certificate Fee Cash \$

Shortage { Benefit, \$

Charged Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date Returned

Date Received

Give Exact Date of Delivery of Benefit Certificate

Notice: Adoptions in first table Assn. No. _____

"Date of Adoption and delivery of Certificate held to be identical."—Head Const.

Note Carefully: Sec. 19. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 86.

NAME No. of B. C. Rate Gen. Del. When

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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 80

Item 1 NAME Rate No. of B. C. Date Reinstated

1. Chas. Herron 50 152324 3/312. Geo. Day 50 1230214 3/313. Geo. Carpenter 50 123112 3/314. Frank Miller 50 163349 3/31

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Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6)

months.—Sec. 87

Application for reinstatement must be approved before six months

period expires.

Item 2 NAME Old Rate New Rate Date of Reinstatement

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Report only those Neighbors who are Suspended for the Non-payment of Assessment No. 298 Sec. 53

Item 1 NAME (WRITE PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF FREE DELIVERY)

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Rate Summary

Enter number of members (not) in good standing paying each rate opposite same; then amount paid by each group of rates. If correctly computed, the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Rate Amt. This Assessment No. Rate Amt. This Assessment No. Rate Amt. This Assessment

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Admitted by Card from Other Camps.—Sec. 82

First Liable for Assessment No. _____

Give Number of Former Camp

Item 1 NAME From Camp No. Rate First Liability Date Admitted

1. _____

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PASS REPORT

Assessment No. 299Levied for June 1914Due Head Office on or before July 18, 1914Camp No. 845P

Bonnie Moore State of Ill.
Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	<u>41</u> \$ <u>32.05</u>

Arrears for	Neighbors reinstated
Benefit short last report	

Total benefit due

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ _____ Credit Slip, \$ _____

Benefit \$ _____ Returned

Per Capita \$ _____ Credit Slip No. _____

Supplies \$ _____

Certificate Fee \$ _____ Cash \$ _____

Shortage { Benefit, \$ _____

Charged { Per Capita, \$ _____

Audited by _____ Date _____

Daily Report Number and Date Received

Date Returned _____

Date Received _____

Give Exact Date of Delivery of Benefit Certificate

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Notice: Adoptions in _____ first liable Assn. No. _____
Adoptions in _____ first liable Assn. No. _____
"Date of Adoption and delivery of Certificate held to be identical."—Head Counsel.

Note Carefully: Sec. 15. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.
If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME	No. of B. C.	Rate	Grat. Del. When
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REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 300

Levied for July 1917

Due Head Office on or before Aug 18, 1917

Camp No. 5769

State Ind Province 2nd

Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report <u>40</u>	<u>\$30.80</u>
Arrears for <u>3</u> Neighbors reinstated <u>20.00</u>	
Benefit short last report	
Total benefit due <u>32.80</u>	

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk
Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit \$..... Returned
Per Capita \$..... Credit Slip \$.....
Supplies No.....
Certificate Fee Cash \$.....

Shortage { Benefit, \$.....
Charged { Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date Returned.....
Date Received.....

Give Exact Date of Delivery of Benefit Certificate

Adoptions in..... first liable Assn. No.....
Adoptions in..... first liable Assn. No.....
"Date of Adoption and delivery of Certificate held to be identical."—Head Clerk.

Note Carefully Sec 35 Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.

NAME	No. of B. C.	Rate	Con- trib.
1.....			
2.....			
3.....			
4.....			
5.....			
6.....			
7.....			
8.....			
9.....			
10.....			
11.....			
12.....			
13.....			
14.....			
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22.....			
23.....			
24.....			
25.....			
26.....			
27.....			
28.....			
29.....			
30.....			
31.....			
32.....			
33.....			
34.....			

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

NAME	Rate	No. of B. C.	Date Reinstated
1. <u>A. J. Reddick</u>	<u>50</u>	<u>1321258</u>	<u>7/19</u>
2. <u>H. B. Long</u>	<u>65</u>	<u>1261956</u>	<u>7/19</u>
3. <u>H. B. Long</u>	<u>85</u>	<u>1247214</u>	<u>7/19</u>
4.....			
5.....			
6.....			
7.....			
8.....			
9.....			
10.....			
11.....			
12.....			
13.....			
14.....			
15.....			
16.....			
17.....			
18.....			
19.....			
20.....			
21.....			
22.....			
23.....			
24.....			
25.....			
26.....			
27.....			
28.....			

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months—Sec. 57

Application for reinstatement must be approved before six months period expires.

NAME	Old Rate	New Rate	Date of Reinstatement
1.....			
2.....			
3.....			
4.....			
5.....			

Report only those Neighbors who are Suspended for the Non-payment of Assessment No..... Sec. 53

NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1. <u>Joseph Holland</u>	<u>65</u>	<u>1321259</u>	<u>Valparaiso Ind</u>	<u>RR #2</u>
2. <u>Edw. Dye</u>	<u>50</u>	<u>1259811</u>	<u>Valparaiso Ind</u>	
3. <u>B. R. Kline</u>	<u>50</u>	<u>831824</u>	<u>Waukegan Ind</u>	<u>RR #1</u>
4. <u>Frank Millay</u>	<u>60</u>	<u>1633449</u>	<u>Whitfield Ind</u>	
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				
12.....				
13.....				
14.....				
15.....				
16.....				
17.....				
18.....				
19.....				
20.....				
21.....				
22.....				
23.....				
24.....				
25.....				
26.....				
27.....				
28.....				
29.....				
30.....				
31.....				
32.....				

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

NAME	Rate	No. of B. C.	No. Assn. Refused	Way Suspended	Was Assessment Tendered?	If so, When?	Date Expired to Liquid Traffic
1.....							
2.....							
3.....							
4.....							
5.....							

Rate Summary

Enter number of members (net) in good standing paying cash rate opposite same. By each group of rates, correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Am't. This Assessment	No. Mbrs.	Rate	Am't. This Assessment	No. Mbrs.	Rate	Am't. This Assessment
10	For.....							
3	50	1.50						
1	60	.60						
3	70	2.10						
3	70	2.10						
3	70	2.10						
2	80	1.60						
1	100	3.00						
2	110	2.20						
1	115	3.45						
1	120	3.20						
1	125	3.25						
1	130	3.30						
1	135	3.35						
1	140	3.40						
2	145	3.45						
2	150	3.50						
1	155	3.55						
1	160	3.55						
1	165	3.60						
1	170	3.70						
1	175	3.75						
1	180	3.80						
1	185	3.85						
1	190	3.90						
1	195	3.95						
2	200	4.00						
2	205	4.05						
2	210	4.10						
2	215	4.15						
2	220	4.20						

Total 40 30.80

Not indicated above to be entered by Camp Clerk on blank lines

Admitted by Card from Other Camps—Sec. 82

First Liable for Assessment No.....
Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					
7.....					
8.....					
9.....					
10.....					
11.....					

Transferred from Social to Beneficial Membership—Sec. 73

Last Paying Assessment No.....

Item 2	NAME	Rate	No. of B. C.	Last Paid	Date Trans.
1.....					
2.....					
3.....					
4.....					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.....					
2.....					
3.....					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date heard
1.....					
2.....					
3.....					
4.....					

Change in Rate, Acct. (Transfer to New Plan—Increase of Insurance—Sec. 44 Decrease of Insurance—Sec. 44 Increase Rate Acct. Sec. 57 Correction of Error in Rate)

Item 5	NAME	Amount	Rate	Date
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				

Withdrawn by Card—No. 80-82

Last Liable for Assessment No.....

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					
7.....					
8.....					
9.....					
10.....					
11.....					

Neighbors Deceased—Secs. 60-65

Last Paying Assessment No.....

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.....					
2.....					
3.....					
4.....					

Transferred from Beneficial to Social Membership—Sec. 73

Last Paying Assessment No.....

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.....					
2.....					
3.....					
4.....					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.....					
2.....					
3.....					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date heard
1.....					
2.....					
3.....					
4.....					

Change in Rate, Acct. (Transfer to New Plan—Increase of Insurance—Sec. 44 Decrease of Insurance—Sec. 44 Increase Rate Acct. Sec. 57 Correction of Error in Rate)

Item 5	NAME	Amount	Rate	Date
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				

CANDIDATES REJECTED

NAME	How Rejected	Date
1.....		
2.....		
3.....		
4.....		

Social-Beneficial Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefic Certificate—Sec. 29

NAME	DATE
1.....	
2.....	
3.....	
4.....	
5.....	
6.....	
7.....	
8.....	
9.....	
10.....	
11.....	
12.....	
13.....	
14.....	
15.....	

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

NAME
1.....
2.....
3.....
4.....
5.....
6.....
7.....
8.....
9.....
10.....
11.....

Monthly Report of Social Membership

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1.....		
2.....		
3.....		
4.....		
5.....		
6.....		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.....			
2.....			
3.....			
4.....			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.....		
2.....		
3.....		
4.....		

Decedents (Social)

Item 4	NAME	Date
1.....		
2.....		
3.....		
4.....		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.....			
2.....			
3.....			
4.....			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Am't Paid	Date Paid
1.....			
2.....			
3.....			
4.....			
5.....			
6.....			
7.....			

Combined Membership and Financial Statement

Item	With But One Rate Each	Members	Amount
1	Total membership remitted for last report (item 15)	41	32.05
2	If for new Camp, Neighbors first liable (names page 2)		
3	Neighbors adopted since last report: new liable (names page 2)	3	2.00
4	Neighbors reinstated within sixty days from date suspended (names item 4, page 3), one rate for each, amounting to		
5	Neighbors reinstated, suspended more than sixty days, but less than six months (names item 2, page 3)		
6	Admitted by card (names item 1, page 4)		
7	Transferred from Social to Beneficial membership (names item 2, page 4)		
8	Account, reinstatement (item 5, page 5)		
9	Increase of certificate (item 5, page 5)		
10	Transfer, to new plan (item 5, page 5)		
11	Account, error in rate (item 5, page 5)		
12	Totals	44	34.05
13	DEDUCTIONS		
14	Neighbors suspended or non-payment of this assessment (names page 6)	4	3.25
15	Neighbors withdrawn by card (item 3, page 4)		
16	Decedents (item 4, page 4)		
17	Neighbors transferred from Beneficial to Social membership (item 3, page 5)		
18	Neighbors expelled (names item 5, page 5)		
19	Under Chapter III and Sec. 290-292, (item 5, page 5)		
20	Decrease of Cert.		
21	Change of occupation		
22	Transfer to new plan		
23	Error in rate		
24	Total Deductions	4	3.25
25	Total membership in good standing	40	30.80
26	Benefit arrears—Neighbors reinstated (item 3-4)		
27	Benefit short last report		
28	Total Benefit due	32	27.60
29	Per Capita arrears—Neighbors reinstated	2	1.60
30	Per Capita short on previous report		
31	Pro Rate Per Capita for Adoptions, this report	35	20.00
32	Total remittance herewith		

Be Sure and report AT ONCE all changes in offices of Council, Clerk, Banker, and Board of Managers, giving names and addresses of new officers elected

Neighbor C. W. HAWES, Head Clerk, M. W. of A.

We hereby certify that the foregoing is a correct report of the membership in Camp No. 5769, as shown by the books of the Camp, and rendered in accordance with the By-Laws of the Society.

Enclosed please find \$32.80 total amount due on this report.

Please place same to proper credit and confirm receipt.

State Indiana August 19, 1917

Street, City or Province Boone Grove

Consent Bel

Attest

Clerk's position Bel

PASS REPORT

Assessment No. 801Levied for August, 1934Due Head Office on or before Sept 18, 1934Camp No. 850State Ill.Province 22

Please Fill in Camp Location and State

MEMBERS AMOUNT

Total Membership this Report 42 \$33.88Arrears for 2 Neighbors reinstated 2.65

Benefit short last report

Total benefit due \$36.60DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,
M. W. OF A., ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit \$..... Returned

Per Capita \$..... Credit Slip

Supplies \$..... No. \$.....

Certificate Fee \$..... Cash \$.....

Shortage { Benefit, \$.....

Charged { Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date Returned

Date Received

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in..... first liable Asst. No.....
Adoptions in..... first liable Asst. No.....
"Date of Adoption and delivery of Certificate held to be identical."—Head Consul.

Note Carefully—Sec. 35: Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME No. of B. C. Rate

1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10..... 11..... 12..... 13..... 14..... 15..... 16..... 17..... 18..... 19..... 20..... 21..... 22..... 23..... 24..... 25..... 26..... 27..... 28..... 29..... 30..... 31..... 32..... 33..... 34.....

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 66

Item 1 NAME Rate No. of B. C. Date

1. Geo. Phillips 150 150 1502. Geo. Phillips 150 150 1503. Geo. Phillips 150 150 1504. Geo. Phillips 150 150 1505. Geo. Phillips 150 150 1506. Geo. Phillips 150 150 1507. Geo. Phillips 150 150 1508. Geo. Phillips 150 150 1509. Geo. Phillips 150 150 15010. Geo. Phillips 150 150 15011. Geo. Phillips 150 150 15012. Geo. Phillips 150 150 15013. Geo. Phillips 150 150 15014. Geo. Phillips 150 150 15015. Geo. Phillips 150 150 15016. Geo. Phillips 150 150 15017. Geo. Phillips 150 150 15018. Geo. Phillips 150 150 15019. Geo. Phillips 150 150 15020. Geo. Phillips 150 150 15021. Geo. Phillips 150 150 15022. Geo. Phillips 150 150 15023. Geo. Phillips 150 150 15024. Geo. Phillips 150 150 15025. Geo. Phillips 150 150 15026. Geo. Phillips 150 150 15027. Geo. Phillips 150 150 15028. Geo. Phillips 150 150 15029. Geo. Phillips 150 150 15030. Geo. Phillips 150 150 15031. Geo. Phillips 150 150 15032. Geo. Phillips 150 150 15033. Geo. Phillips 150 150 15034. Geo. Phillips 150 150 150

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months—Sec. 67

Application for reinstatement must be approved before six months period expires.

Item 2 NAME Old Rate New Rate Date of Reinstatement

1. Geo. Phillips 150 150 1502. Geo. Phillips 150 150 1503. Geo. Phillips 150 150 1504. Geo. Phillips 150 150 1505. Geo. Phillips 150 150 1506. Geo. Phillips 150 150 1507. Geo. Phillips 150 150 1508. Geo. Phillips 150 150 1509. Geo. Phillips 150 150 15010. Geo. Phillips 150 150 15011. Geo. Phillips 150 150 15012. Geo. Phillips 150 150 15013. Geo. Phillips 150 150 15014. Geo. Phillips 150 150 15015. Geo. Phillips 150 150 15016. Geo. Phillips 150 150 15017. Geo. Phillips 150 150 15018. Geo. Phillips 150 150 15019. Geo. Phillips 150 150 15020. Geo. Phillips 150 150 15021. Geo. Phillips 150 150 15022. Geo. Phillips 150 150 15023. Geo. Phillips 150 150 15024. Geo. Phillips 150 150 15025. Geo. Phillips 150 150 15026. Geo. Phillips 150 150 15027. Geo. Phillips 150 150 15028. Geo. Phillips 150 150 15029. Geo. Phillips 150 150 15030. Geo. Phillips 150 150 15031. Geo. Phillips 150 150 15032. Geo. Phillips 150 150 15033. Geo. Phillips 150 150 15034. Geo. Phillips 150 150 15035. Geo. Phillips 150 150 15036. Geo. Phillips 150 150 15037. Geo. Phillips 150 150 15038. Geo. Phillips 150 150 15039. Geo. Phillips 150 150 15040. Geo. Phillips 150 150 15041. Geo. Phillips 150 150 15042. Geo. Phillips 150 150 15043. Geo. Phillips 150 150 15044. Geo. Phillips 150 150 15045. Geo. Phillips 150 150 15046. Geo. Phillips 150 150 15047. Geo. Phillips 150 150 15048. Geo. Phillips 150 150 15049. Geo. Phillips 150 150 15050. Geo. Phillips 150 150 15051. Geo. Phillips 150 150 15052. Geo. Phillips 150 150 15053. Geo. Phillips 150 150 15054. Geo. Phillips 150 150 15055. Geo. Phillips 150 150 15056. Geo. Phillips 150 150 15057. Geo. Phillips 150 150 15058. Geo. Phillips 150 150 15059. Geo. Phillips 150 150 15060. Geo. Phillips 150 150 15061. Geo. Phillips 150 150 15062. Geo. Phillips 150 150 15063. Geo. Phillips 150 150 15064. Geo. Phillips 150 150 15065. Geo. Phillips 150 150 15066. Geo. Phillips 150 150 15067. Geo. Phillips 150 150 15068. Geo. Phillips 150 150 15069. Geo. Phillips 150 150 15070. Geo. Phillips 150 150 15071. Geo. Phillips 150 150 15072. Geo. Phillips 150 150 15073. Geo. Phillips 150 150 15074. Geo. Phillips 150 150 15075. Geo. Phillips 150 150 15076. Geo. Phillips 150 150 15077. Geo. Phillips 150 150 15078. Geo. Phillips 150 150 15079. Geo. Phillips 150 150 15080. Geo. Phillips 150 150 15081. Geo. Phillips 150 150 15082. Geo. Phillips 150 150 15083. Geo. Phillips 150 150 15084. Geo. Phillips 150 150 15085. Geo. Phillips 150 150 15086. Geo. Phillips 150 150 15087. Geo. Phillips 150 150 15088. Geo. Phillips 150 150 15089. Geo. Phillips 150 150 15090. Geo. Phillips 150 150 15091. Geo. Phillips 150 150 15092. Geo. Phillips 150 150 15093. Geo. Phillips 150 150 15094. Geo. Phillips 150 150 15095. Geo. Phillips 150 150 15096. Geo. Phillips 150 150 15097. Geo. Phillips 150 150 15098. Geo. Phillips 150 150 15099. Geo. Phillips 150 150 150100. Geo. Phillips 150 150 150

Report only those Neighbors who are Suspended for the Non-payment of Assessment No. Sec. 53

Item 1 NAME (WRITE PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (if NEW DELIVERY)

1. Geo. Phillips 150 150 150 1502. Geo. Phillips 150 150 150 1503. Geo. Phillips 150 150 150 1504. Geo. Phillips 150 150 150 1505. Geo. Phillips 150 150 150 1506. Geo. Phillips 150 150 150 1507. Geo. Phillips 150 150 150 1508. Geo. Phillips 150 150 150 1509. Geo. Phillips 150 150 150 15010. Geo. Phillips 150 150 150 15011. Geo. Phillips 150 150 150 15012. Geo. Phillips 150 150 150 15013. Geo. Phillips 150 150 150 15014. Geo. Phillips 150 150 150 15015. Geo. Phillips 150 150 150 15016. Geo. Phillips 150 150

PASS REPORT

Assessment No. 303Levied for October, 1914Due Head Office on or before Nov. 18, 1914Camp No. 298-2State of Ill.
County of Rock
Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report <u>344</u>	<u>34.90</u>
Arrears for <u>Neighbors reinstated</u>	
Benefit short last report <u>1.00</u>	
Total benefit due <u>35.90</u>	

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk
Camp Clerks will leave blank space below for Head Office
Draft or Money Order, \$----- Credit Slip, \$-----Benefit \$-----
Per Capita \$-----
Supplies \$-----
Certificate Fees \$-----
Shortage Charged \$-----
Per Capita, \$-----Audited by ----- Date -----

Daily Report Number and Date Received

Date Returned -----
Date Received -----

Give Exact Date of Delivery of Benefit Certificate

Adoptions in ----- first liable Asst. No. -----
Adoptions in ----- first liable Asst. No. -----
Date of Adoption and delivery of Certificate held to be identical. —Head Clerk.

Note Carefully. Sec. 35 Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.
If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME	No. of B. C.	Rate	Est. Del. When
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated			
Item 1	NAME	Rate	No. of B. C.
1	<u>H. Homfeld</u>	<u>50</u>	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
Neighbors Reinstated			
Item 2	NAME	Old Rate	New Rate
1			
2			
3			
4			
5			

Report only those Neighbors who are Suspended for the Non-payment of Assessment No. Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF THERE DELIVERY)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					

Monthly Report of Social Membership

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated

Item 6	NAME	Am't Paid	Date Paid
1			
2			
3			
4			

Combined Membership and Financial Statement

With One Rate Each for—

Total membership remitted for last report (Item 13)

Item 1	NAME	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF THERE DELIVERY)
1					
2					
3					
4					
5					
6					

Admitted by card (names Item 1, page 4)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Transfer to new plan (Item 5, page 5)

Item 3	NAME	Date
1		
2		
3		
4		

DEDUCTIONS

Item 4	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated

Item 6	NAME	Am't Paid	Date Paid
1			
2			
3			
4			

Rate Summary

Enter number of members (net) in good standing paying each month. Opposite name then amount paid by each group of rates. If correctly computed, the total number of members and amount paid will agree with "Total Membership in good standing" shown in Item 13, page 10.

No. Mbrs.	Rate	Am't This Assessment	No. Mbrs.	Rate	Am't This Assessment
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
21			21		
22			22		
23			23		
24			24		
25			25		
26			26		
27			27		
28			28		
29			29		
30			30		
31			31		
32			32		

Monthly Report of Social Membership

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated

Item 6	NAME	Am't Paid	Date Paid
1			
2			
3			
4			

Total Deduction—

Item 7	NAME	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF THERE DELIVERY)
1					
2					
3					
4					
5					
6					

Total membership in good standing 44

Benefit arrears—Neighbors reinstated (Item 3-4)

Benefit short last report 1.00Total benefit due 35.90

Per Capita show on previous report

Pro Rate Per Capita for Adoptions, this report

Total remittance herewith 37.90

Be Sure and report AT ONCE all changes in office of Consul, Clerks, and Board of Managers, giving names and addresses of new officers elected

Neighbor C. W. HAWES, Head Clerk, M. W. of A.

We hereby certify that the foregoing is a correct report of the membership in Camp No. 298-2, as shown by the books of the Camp, and remitted in accordance with the By-laws of the Society.Enclosed please find \$37.90 Total amount due on this report.

Please place same in proper credit and confirm receipt.

Attest

Consul

Clerk

State of Ill.County of Rock

Street City or Province

Postoffice address, No. -----

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 306

Levied for Dec 1914

Due Head Office on or before Jan 18, 1915

Camp No. 1750

Booneville, Ind.

Please Fill in Camp Location and State

MEMBERS AMOUNT

Total Membership this Report 45 35.70

Arrears for Neighbors reinstated

Benefit short last report

Total benefit due 35.70

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286.)

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned

Per Capita \$ Credit Slip No. \$

Supplies \$

Certificate Fee \$ Cash \$

Shortage { Benefit, \$

Charged { Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date Returned

Date Received

Give Exact Date of Delivery of Benefit Certificate

Notice

Adoptions in first liable Assn. No.

Adoptions in first liable Assn. No.

Date of Adoption and delivery of Certificate held to be identical—Head Clerk.

Note Carefully Sec. 35 Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36

NAME No. of B. C. Rate

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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

Item 1 NAME Rate No. of B. C.

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Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months—Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME Old Rate New Rate Date of Reinstatement

1.

2.

3.

4.

5.

Report only those Neighbors who are Suspended for the Non-payment of Assessment No. Sec. 53

NAME (WRITE PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF FREE DELIVERY)

Item 1

1. Chas. Hannon 50 12-32-14

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Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2 NAME Rate No. of B. C. No. Assn. Refused Way Suspended Was Assessment Tendered? If so, When? Date Expired in License Traffic

1.

2.

3.

Rate Summary

Enter number of members (amt) in good standing paying each rate opposite same, then amount paid by each group of rates. If society organized, the total number of members and amount paid will agree with "Total Membership in good standing" shown in Item 15, page 10.

No. Rate Amt. This Assessment No. Rate Amt. This Assessment No. Rate Amt. This Assessment

For'd

1. 25 25.00 25.00 25.00

2. 30 30.00 30.00 30.00

3. 35 35.00 35.00 35.00

4. 40 40.00 40.00 40.00

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11. 75 75.00 75.00 75.00

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14

16-25

SOCIAL MEMBERSHIP

SOCIAL MEMBERS IN GOOD STANDING

For Whom Per Capita for the 1st Semi-annual Term of 1917 is Remitted.

*NAME	Amount	Adopted
1. <u>Geo. Brady</u>	60	1-7-02
2. <u>Wm. Brady</u>	60	2-3-02
3. <u>Harry Gaten</u>	60	2-3-02
4. <u>Chas. Hutton</u>	60	1-5-09
5. <u>Ed. Messinger</u>	60	3-20-09
6. <u>Lo. Shumaker</u>	60	11-20-06
7. <u>C. B. B.</u>	60	2-3-02
8. <u>G. J. Wittenberg</u>	60	12-18-06
9. <u>A. H. Cormack</u>	60	3-17-08
10. <u>Wm. Phillips</u>	60	2-17-08
11. <u>Chas. R. R.</u>	60	2-26-09
12. <u>F. Wittenberg</u>	60	2-5-09
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If any of your Social Neighbors have not received Social certification of membership, forward application to Head Clerk with registration fee of \$1.00 and certificate will be issued.

SOCIAL MEMBERSHIP

SOCIAL MEMBERS SUSPENDED

For Whom Per Capita for the 1st Term of 1917 is Not Remitted

*NAME	NAME
1. <u>Harold Baird</u>	
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Deceased Members (Beneficial)

Neighbors who died during liable for No. not liable for Per Capita

Item 2	NAME	Date of Death
1.		
2.		
3.		
4.		

Semi-Annual Membership Statement

Item	At the Rate of 60c for Each Member	Members	Amount
1	Total Beneficial membership on Assessment \$100.00	43	25.80
2	Social neighbors in good standing	12	7.20
3	Total	55	33.00
DEDUCTIONS			
	Members	Amount	
4	Deceased Item 2, page 14		
5	Total deductions		
6	Net membership for whom Per Capita is remitted	33	33.00
7	Per Capita arrears for Social Neighbors retained on this report		60
8	Per Capita arrears for Beneficial Neighbors retained on this report		60
9	Per Capita short last report		34.20
	Total Per Capita due	34	20.00

Instructions to Clerks

The per capita for the year is \$1.20. It is required to be paid strictly in advance, one-half in January and one-half in July, to be accompanied by the Semi-annual Report properly formulated. Each and every Camp is liable for all Neighbors, Beneficial and Social, in good standing on December 31st for first term per capita, and all Neighbors in good standing on June 30th are liable for second term per capita.

The Neighbor is required to pay local Camp, General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessment separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances of whatever character, forwarded the Head Office payable to the Society's Head Banker at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES, Head Clerk, M. W. of A.

CERTIFICATE OF MANAGERS AND SPECIAL AUDITOR

Camp No. 8750 State of Ill.

The undersigned, Managers and Special Auditor of Camp No. 8750, upon our honor as Woodmen, certify that we have made a full and complete check, audit and examination of the books, records, and accounts of the Clerk and Banker thereof, that the Camp Cash account correctly exhibits the receipts to and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended Jan. First 1914.

On First quarter, 1914, dues: Benefit fund \$ 62.35; General fund, \$ 138.88.

We find as due Head Camp, including arrears for members reinstating on Assessment No. 293, \$ 35.65; account Per Capita for the First quarter, 1914, \$ 34.20; leaving a balance of \$ 165.02 in the Benefit fund, and \$ 102.67 in the General fund, at this date.

We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows:

BENEFIT	*GENERAL	TOTAL
\$ <u>16.60</u>	\$ <u>105.69</u>	\$ <u>122.29</u>
Total		

In the custody of the Camp Banker _____

In the hands of the Camp Clerk _____

On deposit _____ Bank _____

Loaned on security approved by the Managers _____

We further certify that the Beneficial membership of the Camp, Jan. First 1914, is correctly indicated on page 10 of Pass report attached and the Social membership on Jan. First 1914 is correctly reported on page 15 of the Semi-annual report herewith.

Attest: A. B. Peck }
A. Barrett } Managers.
_____ }

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.

* Include in Camp General Fund balances special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.

SOCIAL MEMBERSHIP

SOCIAL MEMBERSHIP

SOCIAL MEMBERS IN GOOD STANDING

For Whom Per Capita for the 1921 Semi-annual Term
of 1921 is Remitted.

*NAME	Amount	Adopted
1. <u>Geo Brody</u>	6.0	3-3-08
2. <u>Wm Brody</u>	6.0	3-3-08
3. <u>Carl Ogel</u>	6.0	3-3-08
4. <u>Harry Salom</u>	6.0	3-3-08
5. <u>Stella Marmon</u>	6.0	3-3-08
6. <u>Geo Reid</u>	6.0	11-20-09
7. <u>Frank Simons</u>	6.0	11-20-09
8. <u>A. J. Widenberg</u>	6.0	12-15-06
9. <u>Edward Boda</u>	6.0	
10.		
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If any of your Social Neighbors have not received Social certificates of membership, forward application to Head Clerk with registration fee of \$1.00 and certificate will be issued.

SOCIAL MEMBERS SUSPENDED

For Whom Per Capita for the 1921 Term
of 1921 is Not Remitted

Item	NAME
1. <u>E. N. Cornwell</u>	
2. <u>Clas Walton</u>	
3. <u>Wm Phillips</u>	
4. <u>David Wittenberg</u>	
5.	
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16.	

Deceased Members (Beneficial)

Neighbors who died during _____ liable for No. _____ but not liable for Per Capita

Item	NAME	Date of Death
1.		
2.		
3.		
4.		

Semi-Annual Membership Statement

Item	At ten Rate of 6% for Each Member	Members	Amount
1.	Total Beneficial membership on Assessment No. _____	41	24.60
2.	Social 3 neighbor's in good standing _____	9	5.40
3.	Totals _____	50	30.00
DEDUCTIONS			
	Mem-ber	Amt.	
4.	Deceased [Item 2, page 14]		
5.	Total deductions _____		
6.	Net membership for whom Per Capita is Remitted arrears for Social Neighbors re-stated on this report _____	50	30.00
7.	Per Capita arrears for Social Neighbors re-stated on this report _____		6.0
8.	Per Capita arrears for Beneficial Neighbors re-stated on this report _____		
9.	Per Capita short last report _____		
10.	Total Per Capita due _____	50	36.00

Instructions to Clerks

The per capita for the year is \$1.20. It is required to be paid strictly in advance, one-half in January and one-half in July, to be accompanied by the Semi-annual Report properly formulated. Each and every Camp is liable for all Neighbors, Beneficial and Social, in good standing on December 31st for first term per capita, and all Neighbors in good standing on June 30th are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessment separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances of whatever character, forwarded the Head Office payable to the Society's Head Banker at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as of the general Society to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES, Head Clerk, M. W. of A.

CERTIFICATE OF MANAGERS AND SPECIAL AUDITOR

Camp No. 8750 State of Ill 1914

The undersigned, Managers and Special Auditor of Camp No. 8750, upon our honor as Woodmen, certify that we have made a full and complete check, audit, and examination of the books, records, and accounts of the Clerk and Banker thereof, that the Camp Cash account correctly exhibits the receipts for and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended July First, 1914.

On July First, 1914, there was in our Benefit and General funds (including Assessment No. 289 and second quarter, 1914, dues): Benefit fund \$ 4575; General fund, \$ 11542.

We find as due Head Camp, including arrears for members reinstating on Assessment No. 289, \$ 32.05, account Per Capita for the second term, 1914, \$ 30.60, leaving a balance of \$ 1370 in the Benefit fund, and \$ 8482 in the General fund, at this date.

We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows:

IN THE CUSTODY OF	BENEFIT	GENERAL	TOTAL
In the custody of the Camp Banker	\$ <u>1370</u>	\$ <u>8482</u>	\$ <u>9852</u>
In the hands of the Camp Clerk			
On deposit			
Loaned on security approved by the Managers			
Total			

We further certify that the Beneficial membership of the Camp, July First, 1914, is correctly indicated on page 10 of Pass report attached and the Social membership on July 1, 1914, is correctly reported on page 15 of the Semi-annual report herewith.

Attest: A. C. Beck Managers.

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.

* Include In Camp General Fund balance all special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.